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20575 MARGER JOH 210 SW MORRI PORTLAND, OI	I h Ste ude tra	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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APPLICATION NO. FILING DATE		FIRST NAMED INVEN		R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/759,469 01/15/2004		Lei He		7293-106		7605	
TITLE OF INVENTION: 3:2 PULL-DOWN FILM MODE DETECTION USING FUZZY LOGIC							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	01/10/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7			
KOSTAK, VICTOR R		2622	348-449000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys 1 Marger Johnson &							
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  McCollom P.C.				
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
NDSP Corpo	oration	Campbell,	pbell, California				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government							
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Advance Order -	# of Copies		overpayment, to De	oosit Account Number	er he	enclose at	neither, of credit any extra copy of this form).
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